

NEVADA DEPARTMENT OF CORRECTIONS

RESIGNATION FORM

TO: Nevada Department of Corrections

FROM: _____

EFFECTIVE DATE: _____

I am resigning from the Nevada Department of Corrections for the following reasons:

You are hereby advised that in accordance with NRS 284.381 once your written resignation is accepted by your appointing authority you may not revoke the resignation regardless of the effective date set forth if three or more working days have elapsed since its acceptance unless your appointing authority approves the revocation.

Employee Signature

Submission Date

Appointing Authority or his designee Acceptance

Date/Time